



COUNTY BOROUGH OF BURY.

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# REPORT

ON THE

## Medical Inspection of School Children

For the Year ended 31st December, 1939.

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**G. M. DAVIDSON LOBBAN, M.B., D.P.H.,**

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,  
AND  
CHIEF TUBERCULOSIS OFFICER.





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PUBLIC HEALTH DEPARTMENT,  
TITHEBARN STREET, BURY.

March, 1940.

To the Chairman and Members of the Education Committee,  
County Borough of Bury.

Ladies and Gentlemen,

I have pleasure in submitting the Annual School Medical Report for 1939 for the County Borough of Bury.

Owing to the restrictions due to the war, the Report is not so comprehensive as in former years.

There are many noteworthy features contained in the Report, curtailed though it is.

Routine Medical Inspections revealed 29 cases suffering from Scabies in 1939, as compared with 36 in 1938, 83 in 1937, 18 in 1936, and 33 in 1935. The number of offensively-dirty bodies and clothing in 1939 was 3, comparable with 4 in 1938, 8 in 1937, 3 in 1936, and 7 in 1935.

As you are aware, a great deal of discussion has taken place in the general press concerning the alleged uncleanness of evacuated children. Bury is a neutral area, that is, neither an evacuation nor a reception area. It might, therefore, be looked upon as a control in the vast experiment of evacuation.

It is, therefore, of interest to note that the general state of uncleanness in a neutral area, such as Bury is, was improved in 1939 as compared with former years.

It is true that, due to the enforced holiday owing to the war, and restrictions imposed on the School Medical Service, many children did not undergo re-inspection during the year. Nevertheless, from careful observation and enquiry, it has been ascertained that the general state of cleanliness of the school children on Medical Inspection in Bury during 1939 was satisfactory from many points of view.

For many years we have known that certain families in the Borough are habitually dirty.



When we review a particular state of uncleanness amongst the school children, that is, uncleanness associated with verminous conditions, we find that the total number of examinations in the Schools by School Nurses for this condition was 15,741 in 1939, as compared with 14,579 in 1938, 14,653 in 1937, 14,110 in 1936, and 14,631 in 1935. This shows that the surveillance in 1939 was increased.

It was found also, in 1939, that the number of children found by these examinations to be unclean and infested was 26, comparable to 15 in 1938, 16 in 1937, 14 in 1936, and 28 in 1935. Legal proceedings under the Education Act were taken during 1939 against a family containing three children, all vermin infested. As a result the mother went to prison, and the Care of Children's Committee obtained orders in the Court to commit the children to proper guardianship.

The School Medical Staff know very well that there are families who are habitually vermin infested. They also know that other members of the family, besides the school children, must be infested, and on a school child being cleansed, the latter becomes infested all over again from the other members of the family. This is repeated on each cleansing. So the root of the matter—the home contacts of the school child remain infested and untouched.

Under present legislation, the School Medical Staff have the right to inspect every school child, and to cleanse any child known to be verminous, but have no powers to inspect the other members of the family.

It has been suggested that, to eradicate vermin-infested school children, local authorities be given additional powers, and these powers might be included in a properly drafted clause such as: "If on reasonable grounds it is suspected that one or more members of a family harbour vermin, then it shall be the duty of the Medical Officer of Health to arrange for the examination of all members of the family, and unless, in the following four weeks, they have taken effective steps to disinfest themselves, to have all infected members of the family disinfested at the same time."

Reviewing the situation of vermin infestations of the Bury school children, I find that there was not a great deal of difference

in 1939, as compared with former years, but that the members from the same families become infested from time to time, year after year, with annoying persistency. Compared with many other areas, neutral and otherwise, the percentage of infested children in Bury is a low one.

In 1939 1.47 per cent. of the children medically examined at Routine Inspections in Bury were found to be of bad nutrition. In 1938 the figure was 0.92 per cent., in 1937 0.6 per cent., in 1936 1.5 per cent., and in 1935 5.1 per cent. Generally speaking, there was no severe malnutrition among the school population during 1939. Lack of food is sometimes not the sole or may not even be a contributing cause of malnutrition. The causes may be many and complex, and so many variables affecting the state of the physical condition of school children are dependent on many factors. The subject is too complex and lengthy to be discussed in this School Report. I may say there is no yard stick to measure nutrition accurately. Essentially it is a matter of the financial means of the family and the price of foodstuffs.

Most fats, meat, fish, tinned foods, fruit, eggs, milk, margarine and butter are plentiful in this country. Many Medical Officers have rightly advocated an abundance of good plain food, including meat, with a good supply of milk, eggs, butter or margarine, together with fruit or vegetables, as being necessary for the correct nutrition of children. It appears that the maximum prices of foodstuffs laid down by the Government are being charged to the public. This is a very liberal interpretation of what the Government intended when maximum prices were set up.

There is a correlation between the subnormal physical condition of children and high prices of essential foodstuffs.

In Bury we have found that there were a few cases where, owing to the selfishness of the parents, children go short of food, although the income was fairly adequate. In other cases it was discovered that the mother did not know how to cook, nor how to buy to the best advantage to her children's health and the family exchequer. The moral is obvious—the most important subjects in a schoolgirl's curriculum are house management and cooking.



At the end of 1939 a scheme was approved and adopted to discover children of bad and of subnormal nutrition. Roughly the scheme is to search for all such children at all clinics, at school inspections by the School Nurses, at mass inspections by the School Medical Officers at schools, and to act on information given by teachers, school attendance officers and others. In short, to take every step possible to discover children of under normal nutrition. The children are then examined thoroughly at the Clinic, and if it is thought by the School Medical Officer who makes the examination that the state of insufficient physical condition is due to lack of nourishment, the nourishment is supplied free by the Local Authority.

From September, 1939, new Regulations concerning the exclusion from school of contacts of cases of Measles, German Measles, and Chicken-Pox were introduced. Formerly, infants and other children who had not had the diseases and who were contacts of cases of Measles, German Measles or Chicken-Pox, were excluded from school three weeks from the date of the last exposure to infection. In view of the exceedingly low mortality associated with these diseases, and also in view of the fact that during outbreaks of the diseases most children prone to contract infection would be infected whether they attended school or were excluded and stayed at home, it was held that there was no point in excluding contacts from school. The new regulations were approved by you and by the Board of Education. After seven months' working of the regulations, they can be stated to be satisfactory. Thus a large proportion of children have attended school who otherwise might have stayed at home, and the incidence of these infectious diseases has not increased.

Another very interesting feature is that during the latter months of 1939 from September there were less infectious disease cases of all kinds in Bury than for a long period of years. The reason for this phenomenon has not yet been elucidated. We expect and find that the number of cases of any specific infectious disease vary from year to year, but I have never found in this County Borough that cases of all infectious diseases were at a minimum at a given time as they were during the months of September to December in 1939. Some Epidemiologists have suggested that the phenomenon has been due to the increased open-air life led by the children due to the enforced holiday. I am



inclined to agree, since it has been found that outbreaks of infectious diseases rarely occur in Open-Air Schools. This is not the full explanation, however, but it is very significant.

From September onwards another departure from age-old traditional practice was instituted. That was, that only severe cases of scarlet fever and cases of true clinical diphtheria were admitted to the infectious diseases hospital for treatment, the remaining cases being treated at home. After a seven month's trial, I have found that as a result there was no increased spread of these diseases, nor was there any increased mortality, and this was in common with the other infectious diseases as already stated in this preface. For years I have stated that hospitalisation will not stamp out either scarlet fever or diphtheria. Scarlet fever is now in most cases a mild disease, and the majority of cases can be nursed at home and can make good recoveries. Concerning diphtheria the Ministry of Health state in a recent circular that " Attempts to control the spread of diphtheria by compulsory notification, removal to hospital, and the disinfection of rooms, bedding, clothes, etc., have long reached the limit of their usefulness. The reason for this is that diphtheria is most commonly conveyed by direct transmission, from an infective person, of droplets of moisture discharged into the air during coughing, sneezing, laughing or even during talking or deep breathing. Infective persons are not necessarily, or even most commonly, those obviously suffering from the disease or in the incubation stage of it; the chief source is the apparently healthy case. In districts where the disease is exclusive, the infection is gradually disseminated in this way, with the result that a large proportion of the population become immunised to the disease before the end of school life, but the cost of this (natural) process is heavy in mortality, in sickness, and permanent disability. Artificial immunisation, on the other hand, when carried out with proper precautions, involves no risk to the individual or the community. The experience of the United States and Canada shows that if three-quarters of the number of children at each year below 15 were immune and this level be maintained year by year, it will practically abolish the disease."

In addition to the Ministry's statement, I can quote the actual experience of New York, which is a city of  $7\frac{1}{2}$  million

people. In that city in 1918 there were 1,245 diphtheria deaths; after a period of active artificial immunisation the deaths dropped to 642 in 1928. An intensive educational campaign to promote active immunisation of children then took place, with such good effect that in 1938 100,833 children were artificially immunised in that year, with the result that there were only 26 deaths amongst the whole population in 1938 due to diphtheria. These facts speak for themselves. I may add that the French nation, much more logical than we are, have adopted compulsory immunisation of all children.

In June, 1939, in Bury, owing to the increased work which accumulated as the result of the introduction of new clinics, the increase of cleanliness work at the schools, of home visiting, and of assistance at School Medical Inspections, a new school Nurse was appointed. This was a long-felt want, as the work of the School Medical Department has been growing very quickly in recent years, and since the appointed Nurse took over her duties this has relieved the pressure, and the work has been carried out with greater thoroughness and persistency. There has been a big increase of work especially in the direction of home visits and clinical work.

Towards the end of 1939, the establishment of a new Remedial Exercises Clinic was approved by you. This Clinic is an innovation, and is primarily for slight orthopædic defects, such as flat feet, round shoulders, twisted spines, etc. Selected children have been attending twice a week since the beginning of January this year, and the results so far are very encouraging.

You have been considering the establishment of an Open-Air School, and in fact it is some time ago since a resolution was passed to establish one. However, with your having recent heavy commitments and with the war period, the establishment has been delayed. The need is still there, and I know you are desirous of the children being under our control instead of being sent to outside institutions, as now obtaining. It has been proved over and over again that children at an Open-Air School gain in physical and mental condition over their fellows at ordinary schools; furthermore, they are more resistant to infectious diseases. Open-Air Schools are mostly for weakly and debilitated children. If they gain so much, how much more could their healthy fellows gain under the same system.



“ ALL SCHOOLS SHOULD BE OPEN-AIR SCHOOLS.”

This slogan might be printed in large letters and prominently displayed in public at all times, and in committee rooms all over the country. Indeed, it could be used as a pass-word by all chairmen of Education Committees. The translation of an idea into action takes an appreciable time unfortunately. It often takes a lifetime to inculcate principles and tradition dies very hard.

Before I close this preface, I would like to mention a subject which has been in the Press recently, and which you are likely to be reminded of in the future—“ War boredom, due to this country undergoing a siege.” This has been elevated by some medical writers into a minor kind of “ shell-shock ” and even to a “ most extreme form of neurosis.” Perhaps this does occur to some people who are not active enough to employ their time to the full and who have plenty of time for introspection, but I have yet to meet a school child who has been affected by it, even indirectly. The majority of children are not introspective generally. They are too busy. Of course I will be told that children “ don’t think,” and I can reply that many grown-ups don’t think either—think rightly, I mean. Those who suffer deeply from the petty inconveniences caused through the war and feel bored, should also feel thankful that they are not living in some other countries. Also they should obtain a task which, if arduous and interesting enough, will soon cure them.

To win this war will call for everything we have got, our man-power, wealth, brains, energy and leisure, and above all things our courage and cheerfulness.

If but a tithe had been spent on the improvement of the health of the children of this country which is now spent on war, an immeasurable contribution of lasting value would have been made. We must not work in a shallow groove with a limited outlook upon day-to-day problems, but rather concern ourselves with activities in the end of infinitely greater significance, activities concerning the future health of the children on which so much of the future of our country depends.

I take this opportunity of expressing my thanks to Dr. Mackay, Dr. Mackinnon, Dr. Ratcliffe, Mr. Kershaw, the Director of Education and his staff, the School Nurses, the Head

Teachers of the various schools, Mr. and Mrs. Rainey, Inspectors of the N.S.P.C.C., and the clerical staff of the School Medical and Health Departments, for the assistance they have given me, and to you, ladies and gentlemen, for your courtesy and consideration.

I have the honour to be,

Your obedient servant,

G. M. DAVIDSON LOBBAN, M.B., Ch.B., D.P.H.,

School Medical Officer.



## REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

**Tonsils and Adenoids.**—During the year 45 children were found to be suffering from enlarged tonsils requiring treatment, while 82 were suffering from enlargement without evidence of ill-effect, and were referred for observation. 6 children were referred for treatment for adenoids, and 4 for observation, while the figure for children suffering from both conditions together was 48 requiring treatment and 17 observation. In addition 6 children were referred for treatment for other defects of the nose and throat and 16 for observation only.

Comparative figures for the previous four years are:—

Enlarged Tonsils:	1935.	1936.	1937.	1938.
Children requiring treatment ... ..	233	209	128	77
Children referred for observation... ..	113	130	111	166
Adenoids:				
Children requiring treatment ... ..	7	8	40	32
Children referred for observation... ..	8	28	34	12
Enlarged Tonsils and Adenoids:				
Children requiring treatment ... ..	27	33	41	24
Other defects of nose and throat:				
Children requiring treatment or observation ... ..	9	1	19	19

Medical thought of to-day is much more conservative on the question of tonsils and adenoids. Generally speaking, adenoidal tissue causing nasal obstruction, mouth breathing, etc., should be removed by operation. Mere enlargement of the tonsils does not demand removal, but parents must realise that any recommendation for removal of tonsils is made after much thought and repeated observation of the patient and in the light of modern medical thought.

**Tuberculosis.**—One case of suspected Pulmonary Tuberculosis was discovered.

**Bronchitis.**—71 cases of Bronchitis were discovered during the year and 52 were referred for treatment and 19 for observation. Most of the children notified on Form 40a D suffer from Bronchitis. Many other cases found are not sufficiently severe to be notified, but they required Ultra Violet Light treatment—from which much benefit was derived.

The number of cases of Bronchitis discovered and referred for treatment in previous years was:—1935, 39; 1936, 83; 1937, 44; 1938, 89.

The past winter has been a very severe one for school children, especially of the younger age groups. The object with these cases is to prevent the condition becoming chronic, and many were sent to an open-air school for treatment.

**Skin.**—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as “ specials ” to the clinic for treatment. Among the cases of Skin Disease found were:—

	(a) Referred for Treatment	(b) Referred for Observation only
Ringworm, Scalp ... ..	4	—
Ringworm, Body ... ..	1	—
Scabies ... ..	29	—
Impetigo ... ..	45	—
Other Skin Diseases (Non-Tuberculous).	260	14

The figures for previous years are:—

	1935.	1936.	1937.	1938.
Ringworm, Scalp:				
(a) Referred for treatment ... ..	5	1	2	—
(b) Referred for observation only ... ..	—	—	—	—
Ringworm, Body:				
(a) Referred for treatment ... ..	9	10	3	9
(b) Referred for observation only ... ..	—	—	—	—
Scabies:				
(a) Referred for treatment ... ..	33	18	83	36
(b) Referred for observation only ... ..	—	—	—	—
Impetigo:				
(a) Referred for treatment ... ..	105	193	88	88
(b) Referred for observation only ... ..	—	—	—	—
Other Skin Diseases (non-Tuberculous):				
(a) Referred for treatment ... ..	170	251	334	394
(b) Referred for observation only ... ..	15	15	19	7

**External Eye Disease.**—140 cases of external eye disease were found during the year, 136 of which were referred for treatment. The following table shows the nature of these cases :—

	(a) Referred for Treatment.	(b) Referred for Observation only
Blepharitis ... ..	51	—
Conjunctivitis ... ..	27	—
Corneal Opacities ... ..	—	—
Other ... ..	58	4

The figures for previous years are:—

Blepharitis:	1935.	1936.	1937.	1938.
(a) Referred for treatment ... ..	28	38	29	47
(b) Referred for observation ... ..	—	—	—	—
Conjunctivitis:				
(a) Referred for treatment ... ..	16	13	19	47
(b) Referred for observation ... ..	—	—	—	—
Corneal Opacities:				
(a) Referred for treatment ... ..	23	—	2	—
(b) Referred for observation ... ..	—	—	—	—
Other:				
(a) Referred for treatment ... ..	25	47	26	74
(b) Referred for observation ... ..	—	—	4	14

Too much attention cannot be paid to external eye disease because the slightest evidence of this may really be a manifestation of defective vision undetected by the routine vision tests—the youthful vigour of the child's eye muscles being able to accommodate to a normal vision.

**Defective Vision and Squint.**—608 cases of defective vision and squint were found. Of these 540 were cases of defective vision and 68 cases of squint. 553 were referred for treatment and 55 for observation only.

Previous figures are :—

	1935.	1936.	1937.	1938.
Cases of defective vision and squint found... ..	355	422	381	546
Cases of defective vision and squint referred for treatment ... ..	286	332	329	523
Cases of defective vision and squint referred for observation... ..	69	90	52	23



The large increase in cases of defective vision is due to the fact that a higher standard of visual acuity was set and so many children are now having their defects corrected at an earlier age and at an earlier stage of the disease.

There are unfortunately still a number of parents who are unwilling to see the necessity of children wearing spectacles with the object of preserving good vision.

**Ear Diseases and Hearing.**—Nineteen children were found to be suffering from defective hearing, 26 from Otitis Media, and 4 from other ear diseases. Children who have been treated at the clinic are called up subsequently from time to time, in order that any recurrence may be detected.

### **DIPHTHERIA IMMUNISATION. SCHOOL CHILDREN.**

The position at the end of 1939 with regard to the immunisation of school children was that 759 children of school age were immunised against diphtheria. Of the children immunised three contracted diphtheria, and amongst the latter there were no deaths. Immunisation mitigated the effects of the disease and probably staved off fatal consequences.

### **“ FOLLOWING UP.”**

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are “ followed up ” in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows :

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.



All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

Too often, at this re-examination, it is found that nothing has been done to remedy the defect already notified to the parent. In many cases this is not the result of neglect, but merely the result of procrastination.

During the year the School Nurses have carried out the following visits, etc. :—

Number of visits to school departments in connection with medical inspection ... ..	438
Number of visits to schools to examine children for cleanliness ... ..	291
Number of visits and re-visits to homes ... ..	273
„ examinations for cleanliness ... ..	15,741

### MEDICAL TREATMENT.

**Minor Ailments.**—A Clinic for the treatment of Minor Ailments is held at The Wyld. The accommodation consists of waiting room, dressing room, consulting room, and nurses' room.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of

each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

A child may attend other clinics such as the Sunlight, Immunisation, Remedial Exercises Clinic, etc. The record of its attendances at all Clinics and the results obtained are placed on a key card, which gives a complete clinical medical history of each school child. This system was completed in 1939.

The Clinic Clerk is now in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children attending the Minor Ailments Clinic during the year 1939 is shown in the following table:—

Number of children attending from 1938 ... ..	117
„ „ discharged during 1939 ... ..	878
„ „ still attending at end of 1939 ... ..	94
„ fresh children who attended during 1939... ..	856
„ attendances ... ..	3,823
Clinic open ... ..days	291
Average attendance per child ... ..	3.9
Average daily attendance ... ..	13.1

In addition to the above, 478 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction. This represents 1,673 attendances which are not included in the total attendances in the previous table.

Comparative figures for previous years are as follows:—

	1935.	1936.	1937.	1938.
Number of fresh children who attended Clinic	618	831	1,015	1,178
Number of attendances ... ..	6,376	6,680	5,374	5,269
Average attendance per child ... ..	8.89	7.48	5.1	4.2
Average daily attendance ... ..	22.45	22.5	18.3	18.3
Children attending for mydriatic application	355	422	381	478

Altogether 281 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

Much prolonged treatment is caused by children ceasing to attend the Clinic before being cured, and then relapsing and coming back in as bad a state as they were at the commencement of their treatment.

**Tonsils and Adenoids.**—Many of the cases requiring operative interference are treated by general practitioners. New arrangements came into force during 1930 with the Board of the Bury Infirmary under which certain cases are treated at that Institution. No charge is made by the Board to the Education Committee, and correspondingly no charge is made by the Education Committee to parents of children treated. The Local Authority makes an annual grant to the Infirmary in connection with this scheme.

The following table contains particulars of the cases treated during the last five years :—

	1935.	1936.	1937.	1938.	1939.
Total number of cases receiving some form of treatment ... ..	233	152	172	159	168
Number of cases receiving operative treatment under the Local Authority's Scheme ... ..	116	37	61	21	22
Number of cases receiving operative treatment by private practitioner or otherwise ... ..	76	87	85	74	86

**Tuberculosis.**—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institution of the Bury and District Joint Hospital Board, but the Board does not admit children under 14. School children are, however, sent to the Liverpool Open-Air Hospital for Children, Leasowe, and to the Halifax Sanatorium, Shelf.

An agreement is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children. Cases are also occasionally sent for treatment to the Shropshire Orthopædic Hospital at Oswestry, the Liverpool Open-Air Hospital for Children, Leasowe, and to the Jericho Hospital, Bury.



Arrangements have been made with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite Tuberculosis which have received Institutional treatment during the year :—

At Liverpool Open-Air Hospital for Children, Leasowe :

	No.	Total No. of Days
Boys ... ..	1 .....	365
Girls ... ..	3 .....	240

At Shropshire Orthopædic Hospital, Oswestry :

Boys ... ..	3 .....	596
Girls ... ..	0 .....	0

At Halifax Sanatorium, Shelf, near Halifax :

Boys ... ..	0 .....	0
Girls ... ..	2 .....	610

**Skin Disease.**—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV., Group I., at the end of this Report.

**External Eye Disease.**—All cases of External Eye Disease are now referred to the Ophthalmic Surgeon at the School Ophthalmic Clinic—previously these cases have been referred to the Bury Infirmary if the opinion of the Ophthalmic Surgeon was required. This permits of a much closer co-operation between the Ophthalmic Surgeon and the School Medical Officer. Particulars of cases treated will be found in Table IV., Group II.

**Vision.**—The majority of children suffering from defective vision are examined by Dr. James Ratcliffe, the Ophthalmic Surgeon to the Local Authority.



The following table gives particulars of the children treated during the past five years:—

	1935.	1936.	1937.	1938.	1939.
Number of children submitted to refraction...	355	422	381	456	480
„ „ already provided with suitable spectacles ...	69	77	90	49	74
„ „ not requiring spectacles.	55	119	43	58	51
„ „ for whom spectacles were prescribed....	231	226	248	349	355
„ „ who had obtained the necessary spectacles by the end of the year ...	218	179	242	254	315

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered during 1939 was 35. In each instance spectacles were provided free.

Some parents are still too dilatory at obtaining spectacles, and even when they do obtain them they do not insist on the child wearing them.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II.

**Ear Disease and Hearing.**—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 31 cases of Minor Ear Defect have been treated at the Clinic.

Cases offering difficulty are referred for opinion and treatment if necessary to the Ear, Nose and Throat Specialist at Bury Infirmary.

**Dental Defects.**—See Table V.

**Crippling Defects of Orthopædics.**—An arrangement is in force under which Orthopædic cases from Bury are treated under the Scheme of the Lancashire County Council. The scheme falls into three parts:—

1. Orthopædic Centre.
2. Ancoats Hospital, Manchester.
3. Biddulph Orthopædic Hospital, Staffordshire.

1. ORTHOPÆDIC CENTRE.—An Orthopædic Clinic is held once weekly at the “Uplands,” Whitefield. The Centre is attended each session by the County Orthopædic Nurse. Once a month it is attended by the County Assistant Orthopædic Surgeon, Mr. E. S. Brentnall, F.R.C.S. Mr. Brentnall sees all new cases and supervises all old cases.

The School Medical Officer attends at each monthly Clinic, thereby gaining first-hand information regarding each child's condition, enabling him to supervise intermediate treatment.

2. ANCOATS HOSPITAL.—Here cases are seen for further opinion or for further examination, including X-ray photographs, by Mr. E. S. Brentnall, F.R.C.S., Orthopædic Surgeon to the Hospital and to the Biddulph Hospital. Apart from examination and out-patient treatment, only short stay cases are admitted to the Wards of the Ancoats Hospital.
3. BIDDULPH HOSPITAL.—This Hospital belongs to the Lancashire County Council. It is situated 28 miles south of Manchester, near Congleton.

Particulars of cases dealt with at the Orthopædic Centre during the year will be found in the following table:—

NEW CASES :—

First Consultation with Surgeon ... ..	2
Second or subsequent Consultations with Surgeon...	—

OLD CASES :—

Total Consultations with Surgeon ... ..	50
Total Consultations with Surgeon—all cases ... ..	52

NEW CASES.—Analysis of Defects :—

Valgus, great toes... ..	1
Old burns... ..	1
	—
Total ... ..	2
	—

One case was admitted to Biddulph Hospital and 1 case to Ancoats Hospital during 1939.

## ARTIFICIAL SUNLIGHT TREATMENT.

The treatment of Minor Ailments among the school children was extended in scope and increased in efficiency by the purchase of a Mercury Vapour Ultra-Violet Light Lamp. The wide variety of uses and application of this method of treatment in Minor Ailments is seen on perusal of the accompanying table. In all cases where the treatment has been instituted a marked improvement in the condition and amelioration of the symptoms have resulted. This is particularly the case with conditions as sub-nutrition, anæmia, or the “ weedy ” child with multiple septic sores.

The use of the Mercury Vapour Lamp has been proved to be of great benefit in the arrest and cure of tubercular gland or skin conditions. It has enabled tubercular school children to receive treatment at the Clinic with marked benefit to this type of patient. The table shows the relative figures in this latter group.

### Artificial Sunlight Clinic Cases and Attendances:—

#### (a) Analysis of Cases.

##### (i) Elementary Schools.

##### **Non-tubercular :**

Anæmia ... ..	10
Malnutrition ... ..	8
Bronchitis ... ..	37
Adenitis (not T.B.) ... ..	17
Skin ... ..	4
General Debility ... ..	112
Alopecia ... ..	3
Otitis Media ... ..	1
Rickets ... ..	4

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Total ... .. 196

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<b>Tuberculous, glands...</b> ... ..	7
„ abdomen ... ..	4

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Total ... .. 11      Total under  
both heads, 207

##### (ii) Secondary Schools.

Adenitis (not T.B.) ... ..	1
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## (b) Attendances.

## (i) Elementary School Children.

Non-tubercular cases—196 children made 3118 attendances

Tubercular cases — 11 children made 166 attendances

## (ii) Secondary School Children.

Non-tubercular cases... 1 child made 21 attendances

Total attendances ... .. 3305

Average attendance per child=15.88.

The total attendances and average attendance per child for previous years are given below:—

	1935.	1936.	1937.	1938.
Total attendances... ..	734	1,860	2,418	4,144
Average attendance per child ...	11.4	16.46	13.9	19.45

### CO-OPERATION OF PARENTS.

Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was:—

“ Entrants ” ... ..	60.8%
“ Second Age Group ” ... ..	60.3%
“ Third Age Group ” ... ..	17.5%

The figures for the “ Second ” age group show an increase in the attendance of parents, but those of the “ Entrants ” and “ Third ” age groups show a decrease. There is much room for improvement, especially in the “ Entrants ” age group, because it is at this age that any defect can be corrected. In families where both parents are working a responsible relative should accompany the child to school medical inspection.

The school medical staff are examining children who in the parents' opinion are well enough to be at school and in no way is the School Medical Service a substitute for the family practitioner.

### OPEN-AIR EDUCATION.

There are no open-air day or residential schools in the Borough.



## **PHYSICAL TRAINING.**

The Organiser of Physical Training reports as follows:—

During the year ended 31st December, 1939, the arrangements for the organisation of Physical Training have been similar to those for the previous year.

The Education Committee have continued to pay grants towards the maintenance of school playing fields and to supply games materials.

The teaching of Physical Education in all schools under the Authority is based upon the Board of Education Syllabus for Physical Training, 1933. The continued application of the principles embodied in this Syllabus is producing in both boys and girls a higher standard of physical efficiency, a definite improvement in deportment and posture, and an appreciation of that sense of well-being which comes from active participation in physical activities.

The outbreak of hostilities in September has forced the Education Committee to defer the building schemes which they had planned. However, one gymnasium has been completed and opened and another will be completed in the near future. When this one is completed, those senior schools in the vicinity of these gymnasia will be able greatly to increase the scope of their activities in physical education. Both gymnasia are equipped with shower baths and each class will use these showers at the end of each lesson.

## **SCHOOL BATHS.**

The swimming bath at the new Technical College will be opened on Tuesday, the 27th February, 1940, after which date the schools of the town will have at their disposal exceptionally good facilities for swimming instruction. This is particularly fortunate, as the Corporation Baths have been closed to the schools since September, so even though instruction in swimming will, of necessity, have to be curtailed, some period of time will be given for this important aspect of physical education.

Classes of children attended the Corporation Baths during school hours for instruction from the 1st May, 1939, to the outbreak of hostilities in September, 1939. Owing to this forced ending of the swimming season, no tests were carried out, and all school galas were abandoned.

Full use continues to be made of the Bury High School playing field, the last period of every afternoon being devoted to organised games for both boys and girls. The scheme of physical education at the school is a comprehensive one, and will be augmented still further by the addition of swimming instruction which will be given at the new Technical College bath. It is to be regretted that the outbreak of hostilities has prevented the Authority from providing shower baths at the school gymnasium. This work, however, will be carried out when times are more opportune.

### **PROVISION OF MEALS.**

During the year it was found necessary to provide to school children 58,622 meals, comprising 29,759 dinners and 28,863 one-third pint bottles of milk. The dinners were provided by and served at four restaurants situate in various parts of the town. The School Medical Officer has visited each restaurant and all were found to be satisfactory. The average cost per dinner was 5.8d., and the cost per bottle of milk was .46d.

The cases are selected by the application of a scale which takes into consideration income and number in family. This arrangement, however, does not debar other children from receiving free dinners and/or free milk, inasmuch as the Authority is also guided in the selection of children for supplementary nourishment by reports of teachers, school nurses and school attendance officers, and all cases of suspected malnutrition are immediately referred to the School Medical Officer for examination and report, and if free dinners and/or free milk are recommended such provision is made.

Last year 94 children were examined in connection with the scheme for the provision of meals.

## **BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.**

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions.

During 1939 the following children were maintained in special schools or hospitals :—

Blind ... .. 2	Orthopædic cases ... .. 3
Deaf ... .. 5	Tuberculous... .. 8
Physically defective ... .. 27	

## **NURSERY SCHOOLS.**

No nursery schools have been provided in the area.

## **INSTITUTIONS.**

Children in hospitals or other institutions are visited periodically by the School Medical Officer, who discusses with doctors in charge the progress made by the patients.

## **EMPLOYMENT OF SCHOOL CHILDREN.**

During the year 94 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

In many cases, these children have been employed for several weeks before the necessary certificate has been obtained. It is necessary, therefore, to stress the point that all individuals, employing school children, must ask the children to produce the necessary certificate, otherwise if the practice mentioned above is persisted in, stronger action will have to be taken.



## SECONDARY SCHOOLS.

During the year 1939 the total number of children inspected was 474. Particulars as to age and sex will be found in the following table :—

Age	10	11	12	13	14	15	16	17	18	Total
Boys ..	2	13	42	61	60	48	32	11	—	269
Girls ..	4	33	34	35	45	35	15	4	—	205
Totals..	6	46	76	96	105	83	47	15	—	474

Total number of visits of School Medical Staff for the purposes of Medical Inspection :—

Doctor ... .. 18

School Nurse ... .. 23

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their valuable assistance.

**Nutrition.**—The following Table shows the classification of the nutrition of the pupils examined at the Secondary Schools during the year under review :—

	No. of Pupils Examined	Excellent		Normal		Slightly Sub Normal.		Poor.	
		No.	%	No.	%	No.	%	No.	%
Boys .....	269	54	20·07	181	67·28	32	11·91	2	0·74
Girls .....	205	51	24·88	139	67·81	15	7·31	—	—
Totals...	474	105	22·15	320	67·51	47	9·92	2	0·42

### **REMEDIAL EXERCISES.**

Special classes for Remedial Exercises were arranged for the year 1939.

### **PHYSICAL TRAINING.**

Full use continues to be made of the Bury High School Playing Field, the last period of each afternoon being devoted to organised games for both boys and girls. The scheme of Physical Education at the school is a comprehensive one, and it is hoped to augment this still further when the new Technical College is completed. The bath is now available for use.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections, 1939.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants ... ..	403
Second Age Group... ..	854
Third Age Group ... ..	784
Total ... ..	2,041

Number of other Routine Inspections ... .. —

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections ... ..	3,241
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TABLE II.

Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

(See Administrative Memorandum No. 124, dated December 31st, 1934).

AGE GROUPS.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly sub-norm'l)		D. Bad	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	403	17	4'22	348	86'35	32	7'94	6	1'49
Second Age-Group ...	854	73	8'55	602	70'49	165	19'32	14	1'64
Third Age-Group .....	784	60	7'66	574	73'21	140	17'86	10	1'27
Other Routine Inspection.	...	...	...	...	...	...	...	...	...
Totals.....	2041	150	7'35	1524	74'67	337	16'51	30	1'47



TABLE III.  
RETURN OF BLIND AND DEAF CHILDREN.

	At Certified Special Schools	At Public Elemen- tary Schools	At Other Institu- tions	At No School or Institu- tion	TOTAL
Blind Children ....	1	—	—	—	1
Partially-Blind Children	1	—	—	—	1
Deaf Children ....	4	—	—	—	4
Partially-Deaf Children	—	1	—	—	1

TABLE IV.

**Return of Defects treated during the year ended  
31st December, 1939.**

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which  
see Table vi.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp —			
(i.) X-Ray Treatment, (if none, indicate by dash) .....	—	—	—
(ii.) Other Treatment .....	4	—	4
Ringworm, Body .....	1	—	1
Scabies .....	29	—	29
Impetigo.....	45	—	45
Other Skin Disease .....	260	—	260
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	136	—	136
Minor Ear Defects .....	31	—	31
Miscellaneous— e. g. minor injuries bruises, sores, chilblains, &c. ....	229	—	229
Total .....	735	—	785

TABLE IV.—Continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)
Errors of Refraction— (including Squint)	478	2	480
Other Defect or Disease of the Eyes (ex- cluding those re- corded in Group I)	—	—	—
Total .....	478	2	480

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme ... .. 355  
 (b) Otherwise ... .. —

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme ... .. 307  
 (b) Otherwise ... .. 8

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment	Total Number Treated
Under Local Education Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total,					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
3	—	19	—	14	2	70	—	17	2	89	—	60	168

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and Adenoids.  
 (iv) Other Defects of the Nose and Throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	Residential Treatment with Education	Residential Treatment without Education	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	1	2	25	...	...	...	26

NOTE.—In some instances a child is recorded in more than one category in this table, hence the total is not the same as the sum of the figures in the separate categories.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Aged :

Routine age groups	5.....	146	} Total ...3,211
	6.....	396	
	7.....	369	
	8.....	366	
	9.....	330	
	10.....	365	
	11.....	331	
	12.....	411	
	13.....	419	
	14.....	78	

(b) Specials ... .. 1,162

(c) Total (Routine and Specials) ... .. 4,373

(2) Found to require treatment ... .. 3,991

(3) Actually treated ... .. 2,614

(4) Attendances made by children for treatment ... .. 3,563

(5) Half-days devoted to:—

Inspection ... .. 27

Treatment ... .. 426      Total ... 453



TABLE V.—Continued.

(6) Fillings : Permanent teeth... ..	1010		
Temporary teeth ... ..	39	Total ...	1049
(7) Extractions : Permanent teeth ... ..	687		
Temporary teeth ... ..	3544	Total ...	4231
(8) Administration of general anæsthetics for extractions ...			113
(9) Other operations : Permanent teeth...	312		
Temporary teeth..	95	Total ...	407

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TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses ... ..	5
(ii) Total number of examinations of children in the Schools by School Nurses ... ..	15,741
(iii) Number of individual children found unclean ... ..	26
(iv) Number of children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ... ..	6
(v) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921 ...	3 (one family)
(b) Under the School Attendance By-laws... ..	—

TABLE V.—Continued.

(6) Fillings: Permanent teeth... ..	1010		
Temporary teeth ... ..	39	Total ...	1049
(7) Extractions: Permanent teeth ... ..	687		
Temporary teeth ... ..	3544	Total ...	4231
(8) Administration of general anæsthetics for extractions ...	113		
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(a) Under the Education Act, 1921 ... ..	3 (one family)
(b) Under the School Attendance By-laws... ..	—

